



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**THERAPEUTIC CANNABIS PROGRAM**

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<http://www.dhhs.nh.gov/oos/tep/index.htm>

Jeffrey A. Meyers  
Commissioner

Dawn Touzin  
Chief Legal Officer

**WRITTEN CERTIFICATION ADDENDUM  
FOR MEDICAL PROVIDERS IN MAINE, MASSACHUSETTS, AND VERMONT**

This form is to be completed by medical providers in Maine, Massachusetts, and Vermont to certify patients who are residents of New Hampshire for this state's Therapeutic Cannabis Program. In addition to meeting all other applicable requirements in New Hampshire law ([RSA 126-X](#)) and New Hampshire administrative rule ([He-C 400](#)), certifying medical providers in Maine, Massachusetts, and Vermont must be primarily responsible for the patient's care related to his or her qualifying medical condition.

**PROVIDER INFORMATION**

<b>Name</b>	Last	First	
<b>Medical Practice</b>			License Number
<b>Office Mailing Address</b>	Street/P.O. Box	County	
	City	State	Zip Code

**PATIENT INFORMATION**

<b>Name</b>	Last	First
<b>Date of Birth</b>	DD/MM/YYYY	

I certify that I am:

- ☐ A physician licensed to prescribe drugs to humans under the relevant state licensing laws in Maine, Massachusetts, or Vermont, who possesses an active registration from the United States Drug Enforcement Administration to prescribe controlled substances, and who is primarily responsible for my patient's care related to his or her qualifying medical condition; or
- ☐ An advanced practice registered nurse licensed to prescribe drugs to humans under the relevant state licensing laws in Maine, Massachusetts, or Vermont, who possesses an active registration from the United States Drug Enforcement Administration to prescribe controlled substances, and who is primarily responsible for my patient's care related to his or her qualifying medical condition.

I possess an active license in good standing with the State of Maine, Massachusetts, or Vermont, and the facts as stated on this "Written Certification Addendum," as well as on the "Written Certification for the Therapeutic Use of Cannabis," are accurate to the best of my knowledge and belief. I understand that any false statements made on this "Written Certification Addendum," as well as on the "Written Certification for the Therapeutic Use of Cannabis," are punishable as unsworn falsification under RSA 641:3.

\_\_\_\_\_  
**Signature of Certifying Provider**

\_\_\_\_\_  
**Date**

## **Instructions for WRITTEN CERTIFICATION ADDENDUM**

Effective June 10, 2016, physicians and advanced practice registered nurses licensed in the states of Maine, Massachusetts, and Vermont are permitted under New Hampshire state law [RSA 126-X:l, VII(a)(3)] to issue a “Written Certification for the Therapeutic Use of Cannabis” to their patients who are residents of New Hampshire. If approved, these patients will be allowed to participate in New Hampshire’s Therapeutic Cannabis Program.

In addition to meeting all other applicable requirements in NH law ([RSA 126-X](#)) and NH administrative rule ([He-C 400](#)), certifying medical providers in Maine, Massachusetts, and Vermont must be primarily responsible for the patient’s care related to his or her qualifying medical condition.

### **Instructions:**

1. Provide all required information on this form, including a dated signature.
2. Complete the “Written Certification for the Therapeutic Use of Cannabis.” You do not need to provide your signature on page 4, as this signature certifies that you are licensed in New Hampshire.
3. Return both completed documents to your patient.

### **Information:**

1. The list of qualifying medical conditions in New Hampshire is different than in the states of Maine, Massachusetts, and Vermont. Conditions that are allowed in these states may not be allowed in New Hampshire. Please review the list of qualifying medical conditions here: <http://www.dhhs.nh.gov/oos/tcp/medical-conditions.htm>.
2. Pursuant to RSA 126-X:4, VII(c), the NH Department of Health and Human Services is required to report any concerns regarding medical provider conduct to the appropriate regulatory entity in Maine, Massachusetts, or Vermont.